L14000173648

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	City/State/Zip/Phone #)
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	egistration Sec ivision of Corp			
OF IN THE ZM	Hearth and	Soul, LLC	Name of Person Firm/Company Address 312 City/State and Zip Code (to be used for future annual report notification)	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		SUSAN BUSCH-TRANSO	OU	
			Name of Person	
			Firm/Company	
		7193 OX BOW CIRCLE		
		TALLAHASSEE, FL 323		
			City/State and Zip Code	
		susie@hearthandsoul.com		
				eation)
For further	information co	oncerning this matter, please ca	ill:	
DAVID K	RAUSS			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hearth and Soul, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/04/2014}{1}$ _____ and assigned Florida document number ____14000173648 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hearth and Soul Tallahassee, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of tili <u>ote:</u> If the date inserted in this block does not meet the applicable statutor		
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ea	rlier
ned FCb 12, 2018		
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Typed or printed name of signee

Filing Fee: \$25.00